

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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Mitt Romney, Governor

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GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at
Reasonable Costs*

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Bring it Home

Did you know that over 80% of health care decisions are made by females? Employees - male and female - be sure to bring this newsletter home to your family. Their input and knowledge is important to your health and well being.

Annual Enrollment Will Soon Be Here
April 11 through May 13 for Changes
Effective July 1, 2005



Look for GIC Select & Save Plans, which reward enrollees with lower co-pays or deductibles for choosing effective and efficient providers.



Tips for Saving Money on Prescription Drug Costs



You want the best when it comes to medications, and you want to spend your money wisely. You can do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you can save on your co-payment. Generic drugs cost less than brand name drugs because they do not have the same level of marketing, advertising and development expenses associated with brand name drugs. A generic drug contains the same active ingredients in the same dosage and strengths as a brand-name drug. All generic drugs are subject to the same FDA standards for quality, strength, and purity as the brand-name drug.

Give Every Doctor a Copy of Your Plan Formulary: Most plans (including Express Scripts for Indemnity Plan members) revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself, and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications that are approved as generic as well as those preferred brand-name drugs, with the lowest co-pays. Frequently there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

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Tips for Saving Money on Prescription Drug Costs

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Use Mail Order: If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. You will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. Members receive a mail-order prescription drug form when they enroll in the plan. You may also call your plan (see page 7) to request a form.



Harvard Pilgrim Health Care was rated the country's (and the state's) number one health plan by the National Committee for Quality Assurance (NCQA), the nonprofit accreditation program that ranks performance of health plans. This outstanding achievement is based on the percentage of members surveyed who gave their plan a top ranking in access to care as well as a top overall rating. The GIC will again distribute the NCQA ratings of GIC plans at the upcoming annual enrollment health fairs; the report card will also be available on our website. The GIC's Executive Director, Dolores L. Mitchell (second from left) congratulated Harvard Pilgrim Health Care's President and Chief Executive Officer, Charles D. Baker (left), Senior Vice President and Chief Medical Officer, Roberta Herman, MD, and Vincent Capozzi, Senior Vice President, Sales and Marketing.

Indemnity Plan Member (Including Basic, PLUS, Community Choice and OME)

Express Scripts Programs Encourage Use of Less Expensive Drugs

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently a physician will prescribe the most expensive drug without ever trying effective, less costly drugs proven to work for your condition.



The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are included in this program and are noted on your new drug formulary: stomach ulcers, pain/arthritis, allergies, high blood pressure, diabetes, topical dermatitis, ADD/ADHD and depression. Be sure to give a copy of this formulary to all of your doctors. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a step-two drug, he or she needs to contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand-name drug. If your doctor writes, "do not substitute" on your prescription for a non-preferred brand-name drug for which there is a generic version, you will pay the generic drug co-pay and the difference between the cost of the generic drug and the cost of the non-preferred brand-name drug. Make sure your doctor knows that not using the generic will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

For an Express Scripts formulary, see the GIC's website: www.mass.gov/gic.



Keeping Up with Medication Dosage and Frequency is Vital to Your Health



The patient had been diagnosed with hyperlipidemia, or high cholesterol. The doctor prescribed a statin, a lipid lowering drug. After taking the drug for a while, the patient's cholesterol level came down. He stopped taking his medication. The patient later began to experience shortness of breath when exercising and some pressure in his chest. Subsequently, he experienced chest pain and had to have open-heart surgery. This patient was former President Bill Clinton.

President Clinton was fortunate. Other patients who stop taking their cholesterol medication, or do not adhere to their prescribed dosages, are not so lucky. In fact, approximately 125,000 deaths in the United States each year are attributed to noncompliance with a doctor's prescription, twice the number of people killed in automobile accidents, according to LifeClinic.com, a website devoted to long-term health conditions. The most common types of noncompliance include:

- ❖ Not having a prescription filled
- ❖ Taking an incorrect dose - too much or too little
- ❖ Taking the medication at the wrong time
- ❖ Forgetting to take one or more doses
- ❖ Stopping the medication too soon

According to the World Health Organization, the non-compliance rate for long-term therapies averages 50 percent. Boston Heart Party™ results from last spring's annual enrollment health fairs suggest that GIC enrollees may not be compliant with their heart medications or are not under treatment for their cardiovascular disease risk. More than 1,641 GIC enrollees took advantage of the free screenings. Although participants may not mirror the entire GIC population, and fasting tests provide more accurate cholesterol and glucose readings, over 50% of GIC enrollees taking the test reported having a known risk factor for heart disease and many of these same people still exhibited "at risk" screening results, which suggests that they may not be following doctors recommendations (the GIC received only aggregate data).

High Blood Pressure (Hypertension): High blood pressure, or hypertension, is very common, affecting over 18 million workers in the United States. According to the National Health Information Survey, 35% of those with hypertension have not been diagnosed. Known as "the silent killer", high blood pressure is a condition in which the pressure of the blood in the arteries is too high. The normal

range is 120/80 mm Hg (millimeters of mercury). If your pressure is consistently above this range, you have high blood pressure and are at risk of a heart attack, stroke and kidney disease. The top (systolic) number measures the pressure when the heart beats. The bottom (diastolic) number is the pressure when the heart is at rest.

The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure defines high blood pressure for non-diabetics as 140/90 or more. Of the GIC enrollees screened at the fairs, 26% of women and 44% of men had high blood pressure readings. Prehypertensive (at risk for high blood pressure) means the systolic number is between 120-139 or the diastolic is between 80-89. Of the GIC enrollees screened, 60% of women and 68% of men had prehypertensive blood pressure readings.

High Cholesterol (Hyperlipidemia): Over 37 million American workers have hyperlipidemia. Like high blood pressure, many Americans are unaware that they have high cholesterol. Forty-one percent of those with hyperlipidemia have not been diagnosed. Cholesterol travels in the bloodstream in the form of various-sized particles known as lipoproteins. Elevated cholesterol means that you have more cholesterol in your blood than your body needs. Total cholesterol levels should be under 200 milligrams per deciliter (mg/DL), according to the National Institute of Health. Fifty-two percent of GIC women screened had total cholesterol levels greater than 200, including 17% with levels above 240. Forty-four percent of GIC men had total cholesterol levels greater than 200, including 13% with levels above 240.

High Blood Sugar (glucose): Four percent of the workforce has diabetes, which is indicated by high blood sugar levels greater than 126 (mg/DL). Forty-one percent of workers with diabetes are undiagnosed. Levels of glucose rise in the blood because the glucose is not getting into the body's cells. Diabetes more than doubles your risk for a stroke or heart disease. Although fasting is necessary to get the most accurate glucose readings, levels greater than 199, with or without fasting, indicate a need to seek treatment immediately. Fifteen percent of GIC women and 21% of GIC men had glucose levels greater than 126. One percent of GIC women and 3% of GIC men had readings greater than 199.

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Keeping Up with Medication Dosage and Frequency is Vital to Your Health

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So why do patients not follow their prescribed drug regimen for lowering risk for heart disease? A 1999 study published in the *Journal of the American Geriatrics Society* identified 26 factors that lead to noncompliance. Compliance decreased as the complexity, cost and duration of the medication regimen increased. Patient-related factors that contribute to noncompliance include lack of social support, an unstable living environment, mental illness, limited financial resources, denial of the illness, and low perceived susceptibility to the disease. The busiest patients were found to have the lowest rate of compliance. Poor communication between the patient and his/her provider also led to noncompliance.

Patients must take their medication as prescribed in order for the medication to be effective. Failure to do so can cause side effects that may be mild — or potentially fatal. The American Heart Association recommends the following tips for remembering to take medication as prescribed:

- ❖ Take it at the same time every day; take it along with meals or other routine daily events
- ❖ Use special pill boxes, such as the one divided into sections that can be found at most drug stores
- ❖ Keep a medicine calendar, or use a white board or sticker system to record your medications

Work with your doctor to develop other tools to help you keep up with your drug regimen. NEVER stop taking your medication without first talking to your doctor.

Following a healthy lifestyle will give you an edge in the fight against heart disease and stroke. The following lifestyle modifications are recommended by the *Journal of the American Medical Association*:

- ❖ Maintain a normal body mass index (BMI) of 18.5-24.9
- ❖ Adopt the DASH eating plan – consume a diet rich in fruits, vegetables, and low-fat dairy products.
- ❖ Reduce saturated and total fat intake. Foods with high saturated fats include meat, cheese, butter and many packaged snacks.
- ❖ Reduce salt and foods including high levels of sodium.
- ❖ Engage in regular aerobic physical activity at least 30 minutes per day, most days of the week
- ❖ Moderate alcohol consumption - limit consumption to no more than 2 drinks per day (most men), 1 drink per day (women)

Electronic Tools Helping to Improve Safety and Quality

If you were rushed to the Emergency Room, would you be able to list the names of all of your prescription medications? If you are young, healthy, and fully conscious, it might be an easy task. But, if you were badly injured or on multiple medications, doing so would be hit or miss at best. Mixing prescription drugs can be fatal in these instances.

The GIC is participating in two programs to assist with preventing medical errors and to improve quality of care. The MedsInfo-ED pilot project provides, with your permission, electronic prescription data electronically giving emergency room doctors and nurses a list of your prescribed medications. (Medicines used to treat psychiatric conditions, substance abuse or HIV/AIDS are excluded by law.) Any information that is received will be kept secure in your medical record at the hospital. The three hospitals participating in this pilot program are Emerson Hospital in Concord, Beth Israel Deaconess Medical Center in Boston, and Boston Medical Center.

Meanwhile, the American College of Physicians, with initial funding provided by Blue Cross Blue Shield of Massachusetts, and under the guidance of a large coalition of health organizations, is working to develop standardized electronic medical records for every hospital and doctor's office in Massachusetts. Called the E-Health Collaborative, this massive project would enable physicians to access their patients' prescription information, lab data, preventative test data, X-ray information and more to assist with improving care for each individual patient. Both the GIC and the Executive Office of Health and Human Services are participating in this initiative. Governor Romney announced his support of these endeavors at a recent press conference.

Physicians' Professional Information is a Click Away

The Board of Registration in Medicine website provides professional and disciplinary information on individual physicians. Use their site to search for a physician by name, and obtain specialty board certification, hospital affiliation, awards, malpractice payment, and other information. Also use their site to find out how to file a complaint against an individual physician. *For additional details, see their website www.massmedboard.org*



Setting Ground Rules for Your Teen Driver



Wrestling with a young child's car seat can challenge any parent's patience. The upside on this stage of child rearing is that you have control over your child's safety. But, when your child reaches driving age, more ominous worries emerge. Setting rules is crucial for your child's well being. Motor vehicle crashes are the leading cause of death for 15 to 20-year olds in the United States, according to the National Highway Traffic Safety Administration. Two out of three of those deaths are passengers in vehicles driven by other teens.

Driving is new to teens, and therefore they are more likely to make mistakes, use poor judgment, or have trouble reacting to sudden changes when they drive. Parents can influence their teenager's driving safety. The Insurance Institute for Highway Safety recommends that parents:

- ❖ **Limit Night Driving:** Nighttime driving requires more skill than driving during the day and is particularly risky for teens, especially after 9 p.m. Per mile driven, the nighttime fatal crash rate for teens is almost twice as high as the daytime rate. Late night driving is usually for recreational reasons, leading to increased distraction and risk-taking.
- ❖ **Restrict the Number of Passengers in Your Teen's Car:** Fatal crashes are more likely when other teenagers are in the car, and the risk increases with every additional passenger. Teens are more easily susceptible to peer pressure when there are more than two passengers in the car.
- ❖ **Insist That Your Teenager And His or Her Passengers Always Wear A Seat Belt:** A Centers for Disease Control study found that 18% of male high

school students rarely or never use seat belts compared with 10% of female students. Two-thirds of teenagers killed in vehicle crashes were not buckled up. It is estimated that half of all teens killed in accidents would be alive today if they had used a seat belt. A Volkswagen of America survey cites the following four reasons for non-use of safety belts:

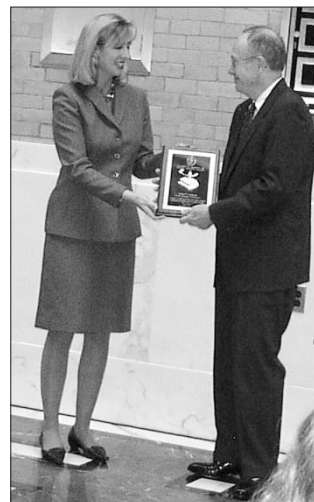
- Peer pressure (it's uncool)
- Uncomfortable (they are too constricting or wrinkle my clothes)
- Feeling of invincibility (nothing will happen to me)
- Unnecessary (only traveling a short distance).

To the last point, in fact, the majority of auto accidents occur within one to five miles of one's home. Make it clear to your teen that he or she should never have more passengers than there are seat belts. Parents should emphasize the importance of seat belt use. Be sure to lead by example through consistent use of a seat belt yourself.

- ❖ **Talk With Your Teen About Drinking, Drug Use, Speeding, And Driving:** Tell your child to call you for a ride if he or she, or another person who is driving, has been drinking alcohol or taking drugs. Alcohol and drugs impair drivers and, in part because of driving inexperience, the risk of crashing is much higher for a teenager who has used drugs or alcohol. Also, talk with your child about speeding. Teen drivers have more crashes in which speed is a factor, and many are single-car accidents caused by the driver losing control of the car.



The GIC's Supervisor of Operations, Paul Murphy, was recognized for personifying excellence in public service when he was awarded with a Manuel Carballo Governor's Award by Lieutenant Governor Kerry Healy.



Bob Johnson, the GIC's Deputy Director, was one of three of this year's Eugene H. Rooney, Jr. Public Service Award recipients. This award recognizes Commonwealth employees who have demonstrated creativity and innovation in the area of human resources development and training. Lieutenant Governor Kerry Healy presented Bob Johnson with the award.

Why Your GIC Benefit Statement is Important

Did You Know...

That the GIC requires that you notify us when your personal information changes?

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please tell your GIC Coordinator (active employees) or the GIC (retirees and survivors) if any of the following changes occur:

- ❖ Marriage
- ❖ Birth of a child
- ❖ Adoption of a child
- ❖ Legal guardianship of a child
- ❖ Court-ordered coverage decisions
- ❖ Divorce
- ❖ Remarriage of an insured
- ❖ Remarriage of a former spouse
- ❖ Dependent turning 19 years old
- ❖ Marriage of a dependent
- ❖ Termination of a dependent's student status
- ❖ Death of an insured
- ❖ Death of a covered spouse or dependent

You may have personal financial responsibility associated with the lack of timely notification.

Why We Send You an Annual Personalized Benefit Statement

The GIC sends you an annual personalized GIC benefit statement so that you know what our records say about whom you cover and what benefits you have chosen. It's your responsibility to review this information carefully and follow the instructions to inform the GIC of needed corrections. You may use the form enclosed with the statement to report changes directly to the GIC; employees may also report changes to their GIC Coordinator. (Changes in health plans and optional life insurance smoker status during annual enrollment only.) **NOTE: If everything is correct, you do not need to do anything.**

All GIC enrollees will receive their GIC benefit statement at home toward the end of January. File your statement with your important papers; it is the only statement you will receive in 2005.

New This Year for Employees

In cooperation with the State Board of Retirement, the GIC is providing employees who are members of the State Employees' Retirement System with a State Board of Retirement beneficiary selection form to assist you with keeping this information up-to-date. The State Board of Retirement beneficiary selection form is used to designate a beneficiary for retirement benefits accrued should you die before your retirement, and is also used for payment of any unused vacation and sick time owed. *Please note that the beneficiary or beneficiaries you designate for life insurance purposes with the GIC, as listed on your benefit statement, are NOT valid for the State Board of Retirement.* If you wish to change your GIC life insurance beneficiary (ies), contact the GIC for a GIC Beneficiary Selection and Change Form.

Future Enhancements

The GIC is working with the State Board of Retirement on a new computerized interface. When this is complete, retirees will be allowed to use another number other than their Social Security Number for their GIC Identification number. Stay tuned for more information.

GIC's Annual Public Hearing

Wednesday, February 2, 2005

12:30 PM to 2:30 PM

Minihan Hall, 6th Floor,
Charles F. Hurley Building
19 Staniford Street, Boston

All state employees and retirees are welcome to attend our annual public hearing. The GIC will describe prospective benefit changes and attendees are invited to express their views.



Sentinel Benefits kicked off the fall pre-tax benefit open enrollment season with two breakfast seminars for payroll coordinators across the state. Over 130 coordinators attended these sessions to learn more about the Health

Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) so that they could help employees take advantage of these money-saving programs.

GIC Recognized for Its Innovation



The GIC recently received two awards for some of its innovative programs. The GIC's Clinical Performance Improvement Initiative, which encourages the use of high quality, cost-effective providers, received the New England Employee Benefits Council (NEEBC) "Best Practices of 2004" Award. The GIC received this award at NEEBC's annual awards conference in December.

The GIC also received the Massachusetts Health Data Consortium's "Investing in Information" Award for two programs that identify opportunities for potential clinical interventions that will improve members' care and avoid potential medical errors. The program with Tufts Health Plan uses software to detect inconsistencies with best medical practices and alerts the patient's physician. The Unicare program gives members with chronic health conditions periodic personalized health care statements to help the member improve his/her own health care.

GIC Phone Extension Changes

The GIC recently upgraded its phone system. As a result, the main menu has changed to a simplified single digit extension for all departments:



- 1 - General benefit information, including health, life, Long Term Disability, dental/vision, and COBRA
- 2 - GIC Coordinator assistance and employee eligibility questions
- 3 - Billing and payments
- 4 - Life insurance claims
- 5 - Students, handicapped dependents, and medical leaves of absence
- 6 - Retirement and Medicare questions

Individual four-digit employee extensions now begin with the number "7" instead of "3".

Benefit Access

Health Insurance

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Community Choice Plan, Indemnity Medicare Extension (OME) Plan (UNICARE)	1-800-442-9300 www.unicare-cip.com
Commonwealth Indemnity Plans Prescription Drugs (<i>Express Scripts</i>)	1-877-828-9744 www.express-scripts.com
Commonwealth Indemnity Plans and Navigator by Tufts Health Plan Mental Health, Substance Abuse, EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Navigator by Tufts Health Plan	1-800-870-9488 www.tuftshealthplan.com/gic
Harvard Pilgrim Health Care POS First Seniority	1-800-333-4742 1-800-421-3550 www.harvardpilgrim.org
Fallon Community Health Plan Direct Care, Select Care Senior Plan	1-800-868-5200 www.fchp.org
Health New England HMO, MedRate	1-800-310-2835 www.healthnewengland.com
Neighborhood Health Plan	1-800-462-5449 www.nhp.org
Tufts Health Plan Medicare Complement Secure Horizons	1-800-870-9488 1-800-867-2000 www.tuftshealthplan.com

Other Benefits

Life Insurance and AD&D (<i>UnumProvident</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>The Hartford</i>)	1-866-847-6343 www.maemployeesltd.com
Employee Assistance Program (EAP) Accessed by Managers and Supervisors (<i>United Behavioral Health</i>)	1-617-558-3412 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (<i>Sentinel Benefits</i>)	1-888-762-6088 www.mass.gov/gic
LifeBalance®	1-800-854-1446 www.lifebalance.net (password and ID: lifebalance)
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>Altus</i>)	1-800-722-1148 www.altusdental.com
Dental Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff (<i>Delta Dental</i>)	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm
Group Insurance Commission	1-617-727-2310 www.mass.gov/gic
TDD/TTY Access	1-617-227-8583

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Choosing the Right Hospital Can Make a Difference

Medical mistakes are the fifth leading cause of death in the United States. They cause more deaths than car accidents, breast cancer and AIDS.

Even when mistakes made in hospitals are not fatal they still can have bad results. They can lead to injury, disability, longer hospital stays, or longer recovery.

The GIC is a member of the Leapfrog Group, a coalition of more than 150 organization devoted to improving patient safety. The Leapfrog Group works with medical experts all over the country to identify problems and offer solutions to improve hospital quality. Scientific evidence shows that the following four Leapfrog patient safety steps reduce death and injury. Consider choosing a hospital:

- ❖ That requires doctors to use computerized systems for prescribing drugs



- ❖ With proven results or lots of experience with specific procedures or diagnoses
- ❖ With an Intensive Care Unit (ICU) that is staffed at least eight hours a day by specially trained doctors and other caregivers
- ❖ That has a high "Leapfrog Quality Index". This means it has put in place up to 27 practices known to reduce preventable medical mistakes.

The GIC and our health plans continue to work with area hospitals to encourage reporting of their progress on these measures. The GIC will again provide Leapfrog safety information in our upcoming 2005-2006 *Benefit Decision Guide*. Expanded information will be available at the health fairs and on our website. For the latest Leapfrog patient safety information and additional details on these safety steps, see the Leapfrog Group's website www.leapfrog-group.org. Keep in mind that most routine procedures are safely and conveniently performed at local hospitals. Talk with your doctor and health plan to obtain additional information about your hospital options.



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